	CSO/WORKER NAME / NOMBRE DEL FUNCIONARIO/CSO	TELEPHONE NUMBER / NÚMERO DE TELÉFONO
Washington State **Department of Social & Health Services** **CESACIÓN DE TRABAJO** **STOP WORK**	CLIENT IDENTIFICATION NUMBER / NÚMERO DE IDENTIFICACIÓN DE CLIENTE	DATE / FECHA

Section 1: Fill out this section before taking it to your job that has ended.
Sección 1: Llene esta sección antes de presentarla en su lugar de trabajo, el cual ha cesado.

By signing here, I give my permission to my employer to complete this form for the Department of Social and Health Services. (Al firmar aquí, doy mi consentimiento para que mi empleador llene este formulario para el Departamento de Servicios Sociales y de Salud.)

SIGNATURE / FIRMA	DATE / FECHA	PLEASE PRINT YOUR NAME HERE / IMPRIMA SU NOMBRE AQUÍ

NAME OF COMPANY / NOMBRE DE LA COMPAÑÍA

COMPANY ADDRESS: STREET ADDRESS DIRECCIÓN DE LA COMPAÑÍA: CALLE Y NÚMERO	CITY / CIUDAD	STATE / ESTADO	ZIP CODE / CÓDIGO POSTAL

Section 2: The person in the company who knows the employment and pay information fills out this section.
Sección 2: La persona en la compañía que sabe la información de empleo y pago, llena esta sección.

1. What was the last date that the employee worked? _____

2. Amount of final paycheck (before taxes): $_____ Date received: _____

   List the amounts (before taxes) and dates received for other paychecks received in the same month as the final paycheck:

   AMOUNT RECEIVED (BEFORE TAXES)   DATE RECEIVED

   $_____   _____

   $_____   _____

   $_____   _____

   $_____   _____

3. Why did this job end?

   ☐ Lack of work   ☐ Job was temporary/seasonal   ☐ Laid off

   ☐ On leave (such as leave of absence or maternity leave). Is it: ☐ Paid ☐ Unpaid

       If paid, how much is the employee paid: $_____

       When is the employee expected to return? _____

   ☐ Other: _____

4. Will the employee receive any severance pay? ☐ yes ☐ No

   IF YES: When will it be received? _____ How much will it be? $_____

5. Can the employee cash out vacation/sick pay? ☐ yes ☐ No

   IF YES: When will it be received? _____ How much will it be? $_____

6. Can the employee withdraw retirement/pension/401K funds? ☐ yes ☐ No

   IF YES: When will it be received? _____ How much will it be? $_____

Please provide the following in case we need to contact you:

SIGNATURE	DATE	TELEPHONE NUMBER
PRINT YOUR NAME HERE	POSITION/TITLE	

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